

Part I
General
Home Health Agencies

The following minimum standards of operation for home health agencies have been promulgated pursuant to Mississippi Code Annotated §41-71-1 through §41-71-19 (Supplement 1986), and are to be followed by persons operating a home health agency. They are minimum requirements that home health agencies will adopt new and improved methods and practices as they develop without waiting for improvements in the Standards. Regulatory in nature by necessity, they are designed to be educational in character and are intended to be reasonable and practicable. Laws and Standards are limited in what they can do in meeting the manifold health needs of individuals. Each home health agency bears a strong moral responsibility for providing the best possible care for the patients it serves.

100

Section A - Legal Authority

100.1

Adoption of Minimum Standards of Operation. By virtue of authority vested in it by the Legislature of the State of Mississippi as per House bill #427 enacted by the Regular 1981 Session of the Legislature of the State of Mississippi, as amended in 1986, the Mississippi State Department of health does hereby adopt and promulgate the following Minimum Standards of Operation for Home Health Agencies.

100.2

Effective date of Minimum Standards of Operation for Home Health Agencies. The Mississippi State Department of Health does hereby adopt these Minimum Standards of Operation for Home Health Services. These Minimum Standards of Operation are effective as of September 21, 1981. Any home health agency which is in operation on July 1, 1981, shall be given a reasonable time under the particular circumstances, not to exceed one (1) year from July 1, 1981, within which to comply with the provisions of the Mississippi State Department of Health Act of 1979, as amended, and these Minimum Standards of Operation for Mississippi Home Health Agencies.

101

Section B - Definitions. As used in these minimum standards, the words and terms hereinafter set forth, shall be defined as follows:

101.1

Administrator shall mean an individual who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and is delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. This individual shall be one of the following:

- a. An individual with a baccalaureate degree and at least one year of administrative experience in home health care or in a related health provider program, occurring within the last three (3) years;
- b. An incumbent administrator as of July 1, 1981;
- c. An individual with a minimum of three (3) years of administrative experience in a health related field, one year of which shall be full-time in a home health setting, occurring within the last three (3) years.

101.2

Audiologist shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as an audiologist in the State of Mississippi.

101.3

Branch Office shall mean a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision and services in a manner that renders it unnecessary to obtain a separate license as a home health agency. A branch office shall be staffed with at least one (1) registered nurse on a full-time basis.

101.4

Care Team shall mean a group of individuals responsible for the development of each patient's care plan. The care team shall

consist of, but not be limited to, the physician or podiatrist, pertinent members of the agency staff, the patient and member of his/her family.

101.5

Certified Respiratory Therapy Technician shall mean an individual who has passed the National Board of Respiratory Therapy certification examination and renders services under consultation from a registered respiratory therapist.

101.6

Change of Ownership means but is not limited to, inter vivos gifts, purchases transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.

101.7

Clinical Note shall mean a written notation, dated and signed by the appropriate member of the health team, of a contact with a patient, containing a description of signs and symptoms, treatment and/or drugs given, the patient's reaction and any changes in physical or emotional condition. Clinical notes are written on the day service is rendered and incorporated into the patient's clinical records at least weekly.

101.8

Clinical Record shall mean a legal document containing all pertinent information relating to the care of an individual patient.

101.9

Consumer shall mean a person who is neither an owner nor employee of the agency.

101.10

Coordinated when used in conjunction with the phrase, Home Health Services, shall mean the integration of the multidisciplinary services provided by patient care team members directed toward meeting the home health needs of the patient.

101.11

Director of Nursing shall mean the individual responsible for the coordination of all patient services rendered by parent, sub-unit and branches as applicable. He/she shall be currently licensed in Mississippi with:

- a. A baccalaureate degree in nursing and two (2) years of registered nursing experience, or
- b. A graduate of a diploma school of nursing with two (2) years of registered nursing experience, or
- c. An associate degree of nursing with four (4) years of registered nursing experience, or
- d. An incumbent Director of Nursing as of July 1, 1981.

101.12

Directly shall mean providing home health services through salaried employees of the home health agency or through personnel under hourly or per visit contracts or the equivalent. Where an hourly or per visit contract is made, Part V Section H must be followed to ensure adequate control and supervision by the home health agency.

101.13

Direct Supervision shall mean that a registered nurse or appropriate health professional is physically present in the immediate area where the patient is being provided services.

101.14

Discharge Summary shall mean the written report of condition of patient, services rendered, pertinent goals achieved during the entire service provided and final disposition at the time of discharge from the service.

101.15

Geographic Area shall mean the land area, for which the agency

shall be licensed. The geographic area shall be expressed in Mississippi counties.

101.16

Governmental Agency for licensure purposes shall mean an agency operated by a federal, state or local government and is not connected to a hospital.

101.17

Governing Authority means the organization, person or persons designated to assume full legal and financial responsibility for the policy determination, management, operation, and financial viability of the home health agency.

101.18

Governing Body Bylaws shall mean a set of rules adopted by the governing body of the home health agency for governing the agency's operation.

101.19

Home Health Agency shall mean a public or privately owned agency or organization or a subdivision of such an agency or organization, properly authorized to conduct business in Mississippi, which is primarily engaged in providing to individuals, at the written direction of a licensed physician or podiatrist, in the individual's place of resident, skilled nursing services provided by or under the supervision of a registered nurse licensed to practice in Mississippi and one or more of the following part-time intermittent services or items:

- a. Physical, occupational, or speech therapy;
- b. Medical Social Services;
- c. Home Health aide services;
- d. Other services as approved by the licensing agency;
- e. Medical supplies, other than drugs and biologicals, and the use of medical appliances;
- f. Medical services provided by a resident in training at a hospital under a teaching program of such hospital.

101.20

Home Health Aide shall mean a non-professional individual who has completed a home health aide training program meeting requirements as specified in Part V, Section I. The home health aide provides personal care services for a person in the home, under the supervision of a registered nurse or therapist of the agency. The care must relate to the type of supervision.

101.21

Hospital Based Agency. To be classified as a hospital based agency, the agency must be a clearly definable separate department of a hospital.

101.22

License of Home Health Agency shall mean the document issued by the Mississippi State Department of Health and signed by the Executive Director of the Mississippi State Department of Health and the Chief of the Division of Licensure and Certification. Licensure shall constitute authority to perform the services included within the scope of these minimum standards of operation.

101.23

Licensed Practical Nurse shall mean an individual who is currently licensed as such in the State of Mississippi and is a graduate of an approved school of practical nursing, performing selected acts, as defined in the Mississippi Nurse Practice Act under the supervision of a registered nurse.

101.24

Licensee shall mean the defined persons to whom the license is issued and upon whom rests the responsibility for the operation of the agency in compliance with these minimum standards of operation.

101.25

Licensing Agency shall mean the Mississippi State Department of Health.

101.26

May shall mean permission.

101.27

Medical Equipment and Supplies shall mean items which, due to their therapeutic or diagnostic characteristics, are essential in enabling a home health agency to carry out patient care.

101.28

Medical Social Worker shall mean a person who has a master's degree or bachelor's degree from a school of social work accredited by the Council on Social Work Education or Southern Association of Colleges and Schools and is licensed by the State of Mississippi as such and who has one year of social work experience in a health care setting.

101.29

Occupational Therapist shall mean a person who is currently licensed as such in the State of Mississippi and is performing therapy duties in accordance with the Mississippi Occupational Therapy Practice Act.

101.291

Occupational Therapy Assistant shall mean a person who is currently licensed as such by the State of Mississippi and is performing therapy duties in accordance with the Mississippi Occupational Therapy Practice Act.

101.30

Owner shall mean a person who owns five percent (5%) or more of the interest in the agency.

101.31

Parent Home Health Agency shall mean the agency that develops and maintains administrative control of sub-units and/or branches.

101.32

Part-time or Intermittent Care shall mean home health services given to a patient at least once every sixty (60) days or as frequently as a few hours a day, several times a week. This does not mean eight (8) hour shifts in the home.

101.33

Patient shall mean any individual whose condition is of such severity that the individual should be confined to his/her place

of residence because of acute or chronic illness or injury or who is handicapped, convalescent or infirm, or who is in need of rehabilitative, obstetrical, surgical, medical, nursing, or supervisory care in their place of residence and under the care of a physician or podiatrist.

101.34

Patient Care Plan shall mean a written coordinated plan of rendering care to the patient prepared by the combined as appropriate with each discipline providing service and the patient and/or family.

101.35

Patient's Residence shall mean the place where the patient makes his home, such as his own apartment or house, a relative's home but shall not include a hospital, nursing home or other extended care facility with the exception of services provided through outpatient therapy in a nursing home.

101.36

Person shall mean an individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

101.37

Physical Therapist shall mean an individual who is currently licensed to practice physical therapy in the State of Mississippi.

101.371

Physical Therapist Assistant shall mean an individual who is currently licensed to practice as such in the State of Mississippi under the supervision of a Licensed Physical Therapist.

101.38

Physician shall mean an individual currently licensed by the proper authority in his state to practice medicine or osteopathy.

101.381

Podiatrist shall mean an individual currently licensed by the proper authority in the state of Mississippi to practice podiatry.

101.39

Physician's or Podiatrist's Summary Report shall mean a concise statement reflecting the care, treatment, frequency of treatment, and response in accordance with the patient's plan of care as prescribed by the physician or podiatrist. The statement should include written notations of any unusual occurrences that have or have not been previously reported and submitted to the physician or podiatrist at least every 60 days.

101.40

Plan of Treatment shall mean the written instructions, signed and reviewed at least every 60 days or more often if the patient's condition so warrants, by the physician or podiatrist for the provision of services.

101.41

Private Non-Profit Agency means agency that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1954.

101.42

Professional Advisory Committee Bylaws shall mean a set of rules adopted by the advisory committee governing the committee's operation.

101.43

Progress Note shall mean a written, signed and dated notation by the profession providing care, summarizing the information about the care provided by all the disciplines and the patient's response to the care during a given period of time.

101.44

Professional Advisory Committee shall mean a group, which includes at least one physician, one registered nurse, agency staff, professional not associated with the agency, consumers, and preferably other health professionals representing at least the scope of the program, which will advise the agency on professional issues, evaluate the agency and serve as liaison with the community.

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443 **101.45**
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445 **Proprietary Agency** shall mean a private organization not exempt
446 from federal income taxation under Section 501 of the Internal
447 Revenue Code of 1954.

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449 **101.46**
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451 **Registered Dietitian** shall mean a person who has successfully
452 completed the national examination for dietitians and maintains
453 their registration by meeting continuing education requirements.

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455 **101.47**
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457 **Registered Nurse** shall mean a individual who is currently
458 licensed as such in the State of Mississippi and is performing
459 nursing duties in accordance with the Mississippi Nurse Practice
460 Act.

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462 **101.48**
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464 **Registered Respiratory Therapist** shall mean an individual who
465 has passed the National Board of Respiratory Therapy
466 Examination.

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468 **101.49**
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470 **Shall** shall mean mandatory requirement(s).

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472 **101.50**
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474 **Should** shall mean recommendation(s).

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476 **101.51**
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478 **Skilled Nursing Services** shall mean patient care services
479 pertaining to the curative, restorative, and preventive aspects
480 of nursing performed by or under the supervision of a registered
481 nurse pursuant to the plan of treatment established in
482 consultation with appropriate members of the care team. Skilled
483 nursing service is nursing care emphasizing a high level of
484 nursing direction, observation and skill.

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486 **101.52**
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488 **Speech Pathologist** shall mean an individual who meets the
489 educational and experience requirements for a Certificate of
490 Clinical Competence granted by the American Speech and Hearing

Association or is fulfilling the Supervised Professional Employment requirements for a Certificate of Clinical Competence as dictated by the American Speech and Hearing Association and is currently licensed as such by the State of Mississippi.

101.53

Subdivision shall mean a component of a multi-functional health facility, such as the home health department of a hospital or a health department, which independently meets the licensure standards for home health agencies.

101.54

Sub-Unit shall mean a component of a multi-functional health facility, such as the home health department of a hospital or a health department, which independently meets the licensure standards for home health agencies.

101.55

Supervising Nurse shall mean a registered nurse currently licensed in Mississippi, with:

- a. A baccalaureate degree in nursing and one (1) year of registered nursing experience, or
- b. A graduate of a diploma school of nursing with one (1) year of registered nursing experience, or
- c. An associate degree of nursing with three (3) years of registered nursing experience, or
- d. An incumbent supervising nurse as of July 1, 1981.

101.56

Supervision shall mean authoritative procedural guidance by a qualified person of the appropriate discipline on a timely basis.

101.57

Utilization Review shall mean systematic evaluation of clinical records to determine the appropriateness and timeliness of services rendered as they relate to the plan of treatment and the person's needs.

540 **101.58**

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542 **Under Arrangement** shall mean the procedure enabling public and
543 nonprofit home health agencies to provide services through
544 contractual arrangements with other agencies or organizations,
545 including proprietary agencies or organizations. (Part V,
546 Section H).

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548 **101.59**

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550 **Under Contract** shall mean the provision of services through a
551 written contract with an individual.

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553 **102**

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555 **Section C - Procedure Governing Adoption and Amendment**

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557 **102.1**

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559 **Authority.** The Mississippi State Department of Health shall
560 have the power to adopt, amend, promulgate and enforce such
561 minimum standards of operation as it deems appropriate, within
562 the law.

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564 **102.2**

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566 **Amendments.** The minimum standards of operation for home health
567 agencies may be amended by the licensing agency from time to
568 time as necessary to promote the health, safety, and welfare of
569 persons receiving services in compliance with the Administrative
570 Procedures Act of the State.

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572 **103**

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574 **Section D - Inspection**

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576 **103.1**

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578 **Inspections Required.** Each home health agency shall be
579 inspected by the State Department of Health delegated with
580 authority by said Department of Health at such intervals as the
581 Department of Health may direct. New agencies shall not be
582 licensed without first having been inspected for compliance with
583 these minimum standards.

584 **Part II**
585 **Classification of**
586 **Home Health Agencies**

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588 **200**

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590 **Section A - Classification**

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592 **200.1**

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594 **General.** For the purposes of these minimum standards of
595 operation, home health agencies shall be classified as:

- 596
597 1. Private non-private agency
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599 2. Proprietary agency
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601 3. Hospital based agency
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603 4. Governmental agency

604 **Part III**
605 **The License**

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607 **300**

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609 **Section A - Types of License**

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611 **300.1**

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613 **Regular License.** A regular license shall be issued to each home
614 health agency that meets the requirements as set forth in these
615 minimum standards. The license shall show the classification of
616 the agency (private non-profit, proprietary, hospital based or
617 governmental agency).

618
619 **300.2**

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621 **Provisional License.** Within its discretion, the Mississippi
622 State Department of Health may issue a provisional license when
623 a temporary condition of non-compliance with these minimum
624 standards exists in one particular. A provisional license shall
625 be issued only if the Department of Health is satisfied that
626 preparations are being made to qualify for a regular license and
627 that the health and safety of patients will not be endangered
628 meanwhile. A provisional license may be reissued only if it is
629 satisfactorily proven to the Department of Health that efforts
630 are being made to fully comply with these minimum standards by a
631 specified time.

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633 **301**

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635 **Section B - Application for License**

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637 **301.1**

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639 **Application.** Application for a license or renewal of license
640 shall be made in writing to the licensing agency on forms
641 provided by the Department of Health which shall contain such
642 information as the Department of Health may require. The
643 application shall require reasonable affirmative evidence of
644 ability to comply with these minimum standards. Each
645 application for licensure and relicensure shall contain but not
646 be limited to the following:

- 647
648 1. Complete ownership information
649
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651 2. Geographic area to which services are provided.
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3. Services to be provided directly or through arrangement
4. Information on numbers and types of personnel employed
5. Utilization statistics (renewal applications only)
6. Name of licensee
7. Evidence of Certificate of Need
8. Location of branch offices and/or sub-units
9. Location and name of parent agency (if a sub-unit)

301.2

Fee. In accordance with House Bill #427 of the Mississippi Legislature each application for initial licensure shall be accompanied by a fee of \$500.00 in check or money order made payable to the Mississippi State Department of Health. The fee shall not be refundable after a license has been issued. If the licensure period is less than a full licensure year (July 1 - June 30), the fee shall be pro rated according to the actual days to be covered in the license. Effective July 1, 1981, the fee for licensure renewal shall be \$500.00 per year.

302

Section C - The Licensee

302.1

Responsibility. The Licensee shall be the individual, firm, partnership, corporation, company, association, or joint stock association responsible for the operation of the home health agency. The licensee shall designate, in writing, one (1) individual as the responsible party for the conducting of the business of the home health agency in accordance with these Minimum Standards of Operation and for the conducting of the business of the home health agency with the licensing agency.

302.2

Name of Institution. Every Home Health agency shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such

notice shall specify the name to be discontinued as well as the new name proposed. Only the official name by which the agency is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more agencies shall not be licensed under similar names.

303

Section D - Licensure

303.1

Issuance of License. All license issued by the Department of Health shall set forth the name of the agency, the location, the name of the licensee, the classification of the agency, the geographic area served, the license number, services provided, and the name of the responsible party.

303.2

Geographic Area. The service area of each home health agency shall consist of the counties listed on the agency's license. Should a home health agency desire to render services outside this service area, a Certificate of Need shall be obtained and a sub-unit established.

303.3

Separate License. Separate licenses shall be required for each agency and each sub-unit. However, separate licenses are not required for branch offices. Sub-units shall not operate branch offices.

303.4

Posting of License. The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by any and all interested individuals.

303.5

License Not Transferable. The license for a home health agency is not transferable or assignable to any other person except by written approval of the licensing agency and shall be issued only for the person and location named in the application. The license shall be surrendered to the Department of Health on change of ownership, name or location of the agency or in the event that the agency ceases to be operated as a home health agency. In event of

a change of ownership, name or location of the agency, or change in services, a new application shall be filed at least thirty (30) days prior to the effective date of the change.

303.6

Expiration of License. Each license shall expire on June 30 following the date of issuance.

303.7

Renewal of License. License shall be renewable annually upon:

1. Filing of an application for renewal by the licensee.
2. Submission of appropriate licensure renewal fee as mandated in Section B.
3. Approval of an annual report by the licensing agency.
4. Maintenance by the agency of minimum standards in its staff, services, and operation as set forth in these minimum standards.
5. Evidence of Certificate of Need, when applicable.

304

Section E - Records and Reports

304.1

General. Each home health agency shall submit such records and reports as the Department of Health may request.

304.2

Daily Patient Census. Each agency shall maintain on a daily basis a current patient census log that accurately reflects admissions and discharges.

304.3

Annual Report. Prior to relicensure, each agency shall submit to the licensing agency an annual report for the previous calendar year period, which shall include statistics as the Department of Health may direct.

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800 **Section F - Denial, Suspension, or Revocation of License**

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802 **305.1**

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804 **Denial or Revocation of License.** Hearings and Review. The
805 licensing agency after notice and opportunity for a hearing to
806 the applicant or licensee is authorized to deny, suspend, or
807 revoke a license in any case in which it finds that there has
808 been a failure to comply with the requirements established under
809 the law and these minimum standards.

810
811 Also, the following may be grounds for denial or revocation of
812 license:

- 813
814 1. Fraud on the part of the licensee in applying for a
815 license.
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817 2. Violations by the licensee of the minimum standards
818 established by the Department of Health.
819
820 3. Publicly misrepresenting the agency and/or its services.
821
822 4. Conduct or practices detrimental to the Health or safety of
823 patients and employees of said agency provided that this
824 provision shall not be construed to have any reference to
825 healing practices authorized by law. Detrimental practices
826 include but are not necessarily limited to:
827 (a) Cruelty to patients or indifference to their needs
828 which are essential to their general well-being and
829 health.
830 (b) Misappropriations of the money or property of a
831 patient.
832 (c) Inadequate staff to provide safe care and supervision
833 of any patient.
834 (d) Failure to call a physician or podiatrist when
835 required by patient's condition.
836
837 5. Failure to comply with the requirements of the Mississippi
838 Commission Act of 1979, amended.

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840 **306**

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842 **Section G - Provision for Hearing and Appeal**

843
844 **306.1**

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846 **Administrative Decision.** The Mississippi State Department of
847 Health will provide an opportunity for a hearing to every
848 applicant or licensee who is dissatisfied with administrative

849 decisions made in the denial or revocation of license. The
850 licensing agency, after notice and opportunity for a hearing to
851 the applicant or licensee, is authorized to deny, suspend or
852 revoke a license in any case in which it finds that the
853 applicant or licensee has failed to comply with the requirements
854 established by this act or the rules, regulations or standards
855 promulgated in furtherance of this act. Such notice shall be
856 given by registered mail, or by personal service, setting forth
857 the particular reasons for the proposed action and fixing a date
858 of not less than thirty (30) days from the date of such mailing
859 or such personal service, at which times the applicant or
860 licensee shall be given an opportunity for a prompt and fair
861 hearing. On the basis of any such hearing, or upon default of
862 the applicant or licensee, the licensing agency shall make a
863 determination specifying its findings of fact and conclusions of
864 law. A copy of such determination shall be sent by registered
865 mail or served personally upon the applicant or licensee. The
866 decision revoking, suspending or denying the license or
867 application shall be come final thirty (30) days after it is so
868 mailed or served, unless the applicant or licensee, within such
869 thirty (30) day period, appeals the decision to the chancery
870 court pursuant to Section 6 of House Bill #427 of the 1981
871 Legislative Session. The procedure governing hearings shall be
872 in accordance with rules and regulations promulgated by the
873 licensing agency.

874 875 **306.2** 876

877 **Penalties.** Any person or persons or other entity or entities
878 establishing, managing or operating a home health agency or
879 conducting the business of a home health agency without the
880 required license, or which otherwise violates any of the
881 provisions of this act or the rules, regulations or standards
882 promulgated and established in furtherance of this act, shall be
883 guilty of a misdemeanor and, upon conviction thereof, shall be
884 fined not more than five hundred dollars (\$500.00) for each
885 offense. Each day of a continuing violation shall be considered
886 a separate offense. The licensing agency may seek injunctive
887 relief in the event it deems such action necessary after
888 consulting with the State Attorney General.

889 890 **307** 891

892 **Section H - Termination of Operation** 893

894 **307.1** 895

896 **General.** In the event that Home Health Agency ceases operation,
897 voluntarily or otherwise, the agency shall:

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899 1. Inform the attending physician or podiatrist, patient, and
900 persons responsible for the patient's care in ample time to
901 provide for alternate methods of care.

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903 2. Provide the receiving facility or agency with a complete
904 copy of the clinical record.

905

906 3. Inform the community through public announcement of the
907 termination.

908

909 4. Ensure the safekeeping, confidentiality, and storage of all
910 clinical records for a period of seven (7) years, following
911 discharge.

912

913 5. Return the license to the licensing agency.

914 **Part IV**
915 **Physical Facilities**

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917 **400**

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919 **Section A - Administrative Offices.**

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921 **400.1**

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923 **Physical Facilities.** Each Home Health office shall be
924 commensurate in size for the volume of staff, patients, and
925 services provided. Offices shall be well lighted, heated, and
926 cooled. Offices should be accessible to the handicapped.

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928 **400.2**

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930 **Administrative Offices.** Each Home Health Agency shall provide
931 adequate office space and equipment for all administrative and
932 health care staff. An adequate number of desks, chairs, filing
933 cabinets, telephones, tables, etc., shall be available.

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935 **401**

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937 **Section B - Storage Facilities.**

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939 **401.1**

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941 **Storage.** Each Home Health Agency shall provide sufficient areas
942 for the storage of:

- 943
944 1. Administrative records and supplies
945
946 2. Clinical Records
947
948 3. Medical equipment and supplies
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950 **402**

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952 **Section C - Toilet Facilities.**

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954 **402.1**

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956 **Toilet Rooms.** Each Home Health office shall be equipped with an
957 adequate number of toilet rooms. Each toilet room shall
958 include: lavatories, soap, towels, and water closets.

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961 **403**

962 **Section D - Communication Facilities.**

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964 **403.1**

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966 **Communication.** Each Home Health Agency shall have an adequate
967 number of telephones and extensions, located so as to be quickly
968 accessible from all parts of the building. The telephone shall
969 be listed under the official licensed name of the agency.

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971 **404**

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973 **Section E - Regulated Medical Waste**

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975 **404.1**

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977 **Infectious medical wastes** includes solid or liquid wastes which
978 may contain pathogens with sufficient virulence and quantity
979 such that exposure to the waste by a susceptible host has been
980 proven to result in an infectious disease. For purposes of this
981 Regulation, the following wastes shall be considered to be
982 infectious medical wastes:

- 983
984 1. Wastes resulting from the care of patients and animals who
985 have Class I and/or II diseases that are transmitted by
986 blood and body fluid as defined in the rules and
987 regulations governing reportable diseases as defined by the
988 Mississippi State Department of Health;
989
990 2. Cultures and stocks of infectious agents; including
991 specimen cultures collected from medical and pathological
992 laboratories, cultures and stocks of infectious agents from
993 research and industrial laboratories, wastes from the
994 production of biologicals, discarded live and attenuated
995 vaccines, and culture dishes and devices used to transfer,
996 inoculate, and mix cultures;
997
998 3. Blood and blood products such as serum, plasma, and other
999 blood components;
1000
1001 4. Pathological wastes, such as tissues, organs, body parts,
1002 and body fluids that are removed during surgery and
1003 autopsy;
1004
1005 5. Contaminated carcasses, body parts, and bedding of animals
1006 that were exposed to pathogens in medical research;
1007
1008 6. All discarded sharps (e.g., hypodermic needles, syringes,
1009 Pasteur pipettes, broken glass, scalpel blades) which have
1010 come into contact with infectious agents;

- 1011
1012 7. Other wastes determined infections by the generator or so
1013 classified by the State Department of Health.
1014

1015 "Medical Waste" means all waste generated in direct patient care
1016 or in diagnostic or research areas that is non-infectious but
1017 aesthetically repugnant if found in the environment.
1018

1019 **404.2**
1020

1021 **Medical Waste Management Plan.** All generators of infectious
1022 medical waste and medical waste shall have a medical waste
1023 management plan that shall include, but is not limited to, the
1024 following:
1025

- 1026 I. Storage and Containment of Infectious Medical Waste and
1027 Medical Waste
1028 A. Containment of infectious medical waste and medical
1029 waste shall be in a manner and location which affords
1030 protection from animals, rain and wind, does not
1031 provide breeding place or a food source for insects
1032 and rodents, and minimizes exposure to the public.
1033 B. Infectious medical waste shall be segregated from
1034 other waste at the point of origin in the producing
1035 facility.
1036 C. Unless approved by the Mississippi State Department of
1037 Health or treated and rendered non-infectious,
1038 infectious medical waste (except for sharps in
1039 approved containers) shall not be stored at a waste
1040 producing facility for more than seven (7) days above
1041 a temperature of 6 C (38F). Containment of infectious
1042 medical waste at the producing facility is permitted
1043 at or below a temperature of 0 C (32F) for a period of
1044 not more than ninety (90) days without specific
1045 approval of the Department of Health.
1046 D. Containment of infectious medical waste shall be
1047 separated from other wastes. Enclosures or containers
1048 used for containment of infectious medical waste shall
1049 be so **secured** so as to **discourage access** by
1050 unauthorized persons and shall be marked with
1051 prominent **warning signs** on, or adjacent to, the
1052 exterior of entry **doors, gates, or lids**. Each
1053 container shall be prominently labeled with a sign
1054 using language to be determined by the Department and
1055 legible during daylight hours.
1056 E. Infectious medical waste, except for sharps capable of
1057 puncturing or cutting, shall be contained in double
1058 disposable plastic bags or single bags (1.5 mills
1059 thick) which are impervious to moisture and have a
1060 strength sufficient to preclude ripping, tearing, or

bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wastes during storage, handling, or transport.

- F. All sharps shall be contained for disposal in leakproof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.
- G. All bags used for containment and disposal of **infectious medical waste** shall be a distinctive color or display the Universal Symbol for infections waste. Rigid containers of all sharps waste shall be labeled.
- H. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.
- I. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leakproof, have tight-fitting covers and be kept clean and in good repair.
- J. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi State Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I. E.

Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

1. Exposure to hot water at least 180 F for a minimum of 15 seconds.
2. Exposure to a chemical sanitizer by rinsing with a immersion in one of the following for a minimum of three (3) minutes:
 - a. Hypochlorite solution (500 ppm available chlorine).
 - b. Phenolic solution (500 ppm active agent).
 - c. Iodoform solution (100 ppm available iodine).
 - d. Quaternary ammonium solution (400 ppm

1111 active agent).

1112 Reusable pails, drums, or bins used for

1113 containment of infectious waste shall not be

1114 used for containment of waste to be disposed

1115 of as non-infectious waste or for other

1116 purposes except after being decontaminated by

1117 procedures as described in part (J) of this

1118 section.

1119 K. Trash chutes shall not be used to transfer

1120 infectious medical waste.

1121 L. Once treated and rendered non-infectious,

1122 previously defined infectious medical waste will be

1123 classified as medical waste and may be landfilled

1124 in an approved landfill.

1125

1126 II. Treatment or disposal of infectious medical waste

1127 shall be by one of the following methods:

1128 A. By incineration in an approved incinerator which

1129 provides combustion of the waste carbonized or

1130 mineralized ash.

1131 B. By sterilization by heating in a steam sterilizer,

1132 so as to render the waste non-infectious.

1133 Infectious medical waste so rendered non-infectious

1134 shall be disposable as medical waste. Operating

1135 procedures for steam sterilizers shall include, but

1136 not be limited to, the following:

1137

1138 1. Adoption of standard written operating

1139 procedures for each steam sterilizer including

1140 time, temperature, pressure, type of waste,

1141 type of container(s), closure on container(s),

1142 pattern of loading, water content, and maximum

1143 load quantity.

1144 2. Check or recording and/or indicating

1145 thermometers during each complete cycle to

1146 ensure the attainment of a temperature of 121

1147 C (250 F) for one-half hour or longer,

1148 depending on quantity and density of the load,

1149 in order to achieve sterilization of the

1150 entire load. Thermometers shall be checked

1151 for calibration at least annually.

1152 3. Use of heat sensitive tape or other device for

1153 each container that is processed to indicate

1154 the attainment of adequate sterilization

1155 conditions.

1156 4. Use of the biological indicator **Bacillus**

1157 **stearothermophilus** placed at the center of a

1158 load processed under standard operating

1159 conditions at least monthly to confirm the

1160 attainment of adequate sterilization

1161 conditions.
1162 5. Maintenance of records of procedures specified
1163 in (1), (2), (3), and (4) above for period of
1164 not less than a year.

1165 C. By discharge of the approved sewerage system if the
1166 waste is liquid or semi-liquid, except as
1167 prohibited by the State Department of Health.

1168 D. Recognizable human anatomical remains shall be
1169 disposed of by incineration or internment, unless
1170 burial at an approved landfill is specifically
1171 authorized by the Mississippi State Department of
1172 Health.

1173 E. Chemical sterilization shall use only those
1174 chemical sterilants recognized by the U. S.
1175 Environmental Protection Agency, Office of
1176 Pesticides and Toxic Substances. Ethylene oxide,
1177 glutaraldehyde, and hydrogen peroxide are examples
1178 of sterilants that, used in accordance with
1179 manufacturer recommendation, will render infections
1180 waste non-infectious. Testing with spores or other
1181 equivalent organisms shall be conducted quarterly
1182 to ensure the sterilization effectiveness of gas or
1183 steam treatment.
1184

1185 III. Treatment and disposal of medical waste which is
1186 not infectious shall be by one of the following
1187 methods:

1188 A. By incineration in an approved incinerator which
1189 provides combustion of the waste to carbonized or
1190 mineralized ash.

1191 B. By sanitary landfill, in an approved landfill which
1192 shall mean a disposal facility or part of a
1193 facility where medical waste is placed in or on
1194 land, and which is not a treatment facility.
1195

1196 All the requirements of these standards shall apply, without
1197 regard to the quantity of medical waste generated per month, to
1198 any generator of medical waste.

Part V
Governing Body and Administration

500

Section A - Governing Body

500.1

General. The Home Health Agency shall have an organized governing body so functioning which is legally responsible for the conduct of the agency. The administrator and all personnel shall be directly or indirectly responsible to this governing body. The ownership of the home health agency shall be fully disclosed to the State licensure authority. The governing body shall ensure that the agency complies with all applicable local, state and federal laws and regulations and similar requirements. Staff of the Agency shall be currently licensed or registered in accordance with applicable laws of the State of Mississippi. The governing body shall be responsible for periodic administrative and professional evaluations of the agency. The governing body shall receive, review and take action on recommendations made by the evaluating groups and so document. the governing body shall adopt and enforce bylaws, or an acceptable equivalent thereof, in accordance with legal requirements. The bylaws, shall be written, revised as needed, and made available to all members of the governing body, the State licensure authority, and the advisory group. The terms of the bylaws shall cover at least the following:

1. The basis upon which members of the governing body are selected, their terms of office, and their duties and responsibilities.
2. A provision specifying to whom responsibilities for administration and supervision of the program and evaluation of practices may be delegated and the methods established by the governing body for holding such individuals responsible.
3. A provision specifying the frequency of board meetings and requiring that minutes be taken at each meeting.
4. A provision requiring the establishment of personnel policies and an organizational chart, clearly establishing lines of authority and relationships.
5. The agency's statement of objectives.

6. Provisions for appointment of an advisory committee.

500.2

Agency Policies. The governing body shall adopt agency policies, including admission, discharge, and care of patients.

501

Section B - Administrator

501.1

Administrator. The governing body shall be legally responsible for the appointment of a qualified administrator and the delegation of responsibility and authority. The governing body shall assure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the overall direction and management of the agency. When there is a change of the administrator, the governing authority shall immediately notify the licensing agency in writing of the change. The duties and responsibilities of the agency administrator shall include at least the following:

1. Implementing the policies approved and/or developed by the governing body;
2. Organizing and coordinating the administrative functions of the services, including implementing adequate budgeting and accounting procedures;
3. Maintaining an ongoing liaison with the professional advisory committee and the agency staff;
4. Coordinating service components to be provided by contractual agreement; and
5. Arranging employee orientation, continuing education and in-service training programs.

501.2

Designee. In order to provide administrative direction at all times, the agency's governing body or administrator shall designate in writing an individual to act for the administrator in his absence.

502

Section C - Supervising Nurse.

502.1

Qualified Supervising Nurse. Each Home Health Agency shall employ a qualified supervising nurse on a full-time basis. The supervising nurse shall be a registered nurse licensed to practice in Mississippi, who shall be readily available through the agency office to advise the professional and patient care staff. The supervising nurse shall be employed full-time in home health activities. A qualified alternate is designated in writing to serve in his/her absence.

The supervising nurse shall:

1. Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency.
2. Be given the authority and responsibility to:
 - a. Develop and revise written patient care objectives policies, and procedure manuals;
 - b. Assist in development of job description;
 - c. Assist in recruitment and selection of personnel;
 - d. Recommend to administrator number of levels of agency staff;
 - e. Plan and conduct orientation and continuing education for agency staff engaged in patient care;
 - f. Evaluate agency staff performance;
 - g. Assist in planning and budgeting for provision of services;
 - h. Assist in establishing agency criteria for admission and discharge of patients.

502.2

Director of Nursing Services. Larger agencies should employ a Director of Nursing Services on a full-time basis to assume the duties of the supervising nurse listed above.

502.3

Ratio of Patients. The following criteria should be used as a minimum standard in developing the ratio of patients to a supervising nurse:

- a. The supervising nurse may serve both as the administrator and the supervising nurse until the patient census reaches 25 patients, then

- b. The supervising nurse may have a regularly scheduled patient load until the patient census reaches 50, then
- c. The supervising nurse may not render regularly scheduled patient services when the patient census is over 50, but shall devote full-time to supervisory duties. Those duties may include admission and discharge of patients as well as PRN visits and to fill in when another employee is absent.

503

Section D - Professional Advisory Committee

503.1

General. The governing body shall appoint a multidisciplinary advisory committee to perform a systematic professional and administrative review and program evaluation of the services. Licensed hospitals may establish a committee specifically for this purpose or they may assign the responsibility to an existing committee. Bylaws or the equivalent for this committee shall be initially adopted and annually reviewed. Membership on the professional advisory committee shall include but not be limited to the following:

1. A licensed practicing physician;
2. A registered nurse;
3. **Preferably,** an appropriate number of members from other professional disciplines, who are representative of the scope of services offered;
4. A consumer; and
5. A professional who is neither an owner nor employee of the agency.

503.2

Meetings. The professional advisory committee shall meet at regular intervals, but not less than every six months.

1. Dated written minutes of each committee meeting shall be maintained and made available to the licensing agency upon request; and
2. The agency administrator or his designee shall attend all

1396 meetings of the committee.

1397

1398 503.3

1399

1400 **Duties.** The duties and responsibilities of the professional
1401 advisory committee shall include but not be limited to the
1402 following:

1403

1404 1. Annual review and reevaluation for the program objectives
1405 as required;

1406

1407 2. Annual evaluation of the appropriateness of the scope of
1408 services offered;

1409

1410 3. Annual review of admission, discharge and patient care
1411 policies and procedures;

1412

1413 4. Annual review of the findings of a random sample of medical
1414 records (performed by in-house staff members of
1415 professional advisory committee) and written evaluation on
1416 quality of services provided;

1417

1418 5. Annual review of staffing qualifications, responsibilities
1419 and needs;

1420

1421 6. Annual review of survey findings;

1422

1423 7. Review of quarterly utilization statistics and findings of
1424 quarterly clinical record review, and

1425

1426 8. Written recommendations to the governing body and the
1427 agency administrator for any revisions in policies and
1428 procedures and changes in delivery of care; and written
1429 recommendations on items such as methods for and
1430 participation in a continuing public education program to
1431 acquaint the community, the health care professions and
1432 public and private community resources on the scope,
1433 availability and appropriate utilization of home health
1434 services.

1435

1436 504

1437

1438 Section E - Policy and Procedure Manual

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1440 504.1

1441

1442 Manual.

1443

1444 1. The home health agency administrator with advice from the
1445 professional advisory committee and the director of

1446 nursing/supervising nurse shall develop a policy and
1447 procedure manual.
1448

1449 2. Written policies and procedures shall include provisions
1450 covering at least the following:
1451 a. Definition of the scope of services offered;
1452 b. Admission and discharge policies;
1453 c. Medical direction and supervision;
1454 d. Plans of treatment;
1455 e. Staff qualifications, assignments and
1456 responsibilities;
1457 f. Medication administration;
1458 g. Medical records;
1459 h. Patient safety and emergency care;
1460 i. Administrative records;
1461 j. Agency evaluation;
1462 k. Provisions for after hours emergency care (on
1463 call);
1464 l. Patients rights policies and procedures; and
1465 m. Provisions for the proper collection, storage and
1466 submission of all referral laboratory samples
1467 collected on home health patients.
1468

1469 3. Patient admission and discharge policies shall include but
1470 not be limited to the following:
1471 a. Patient shall be accepted for health service on a
1472 part-time or intermittent basis upon a plan of
1473 treatment established by the patient's physician or
1474 podiatrist. Patients accepted for admission should
1475 be essentially home bound and in need of skilled
1476 services.
1477 b. Patients are accepted for treatment on the basis of
1478 a reasonable expectation that the patient's
1479 medical, nursing, and social needs can be met
1480 adequately by the agency in the patient's place of
1481 residence.
1482 c. When services are to be terminated by the home
1483 health agency, the patient and the physician or
1484 podiatrist are to be notified in advance of the
1485 date of termination stating the reason and a plan
1486 shall be developed or a referral made for any
1487 continuing care.
1488 d. Services shall not be terminated without an order
1489 by the physician or podiatrist in consultation with
1490 the registered nurse and/or the appropriate
1491 therapist. Except in cases of non-payment, where
1492 the specific and approved plan of care has been
1493 documented as completed, where the patient refuses
1494 treatment, in the event of an unsafe environment,
1495 or should the patient require the services beyond

1496 the capability of the agency. In any event, the
1497 physician or podiatrist shall be notified of the
1498 termination of services. Arrangements shall be
1499 made for continuing care when deemed appropriate.

1500

1501 **505**

1502

1503 **Section F - Financial**

1504

1505 **505.1**

1506

1507 **Accounting.** Accounting methods and procedures shall be carried
1508 out in accordance with a recognized system of good business
1509 practice. The method and procedure used should be sufficient to
1510 permit annual audit, accurate determination for the cost of
1511 operation, and the cost per patient visit.

1512

1513 **505.2**

1514

1515 **Financial Structure.** All home health agencies shall have an
1516 annual operating budget which assures sufficient resources to
1517 meet operating cost at all times and to maintain standards
1518 required by these regulations.

1519

1520 **505.3**

1521

1522 **Annual Budget.**

1523

1524 1. The annual operating budget shall include all anticipated
1525 income and expenses related to the overall operation of the
1526 program.

1527

1528 2. The overall plan and budget shall be reviewed and updated
1529 at least annually by the governing body.

1530

1531 3. A budget committee consisting of, but not limited to, the
1532 following members shall meet and document in minutes the
1533 planning of a yearly budget:

1534

1534 a. Representative of the governing body.

1535

1535 b. Representative of the administrative staff.

1536

1537 **506**

1538

1539 **Section G - Personnel Policies**

1540

1541 **506.1**

1542

1543 **Personnel Policies.** Each home health agency shall adopt and
1544 enforce personnel policies applicable requirements of the Civil

Rights Act of 1964:

1. Fringe benefits, hours of work and leave time;
2. Requirements for initial and periodic health examinations;
3. Orientation to the home health agency and appropriate continuing education;
4. Job descriptions for all positions utilized by the agency;
5. Annual performance evaluations for all employees;
6. Compliance with all applicable requirements of the Civil Rights Act of 1964;
7. Provision for confidentiality of personnel records.

506.2

Personnel Records. Each licensed agency shall maintain complete personnel records for all employees on file at each licensed site. Personnel records for all employees shall include an application for employment including name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, (including reference checks), current licensure and/or registration (if applicable), performance evaluation, evidence of health screening, evidence of orientation, and a contract (if applicable), date of employment and separation from the agency and the reason for separation. Home Health agencies that provide other home health services under arrangement through a contractual purchase of services shall ensure that these services are provided by qualified personnel; currently licensed and/or registered if applicable, under the supervision of the agency.

506.3

Insurance Coverage. For the protection of owner, administrator, and the patients served, it is strongly recommended that every home health agency carry liability insurance coverage.

506.4

Employee Health Screening. Every employee of a home health agency who comes in contact with patients shall receive a health screening by a licensed physician or nurse practitioner prior to

employment and annually thereafter.

506.5

Staffing Pattern. Each home health agency sub-unit, and branch shall maintain on site current staffing patterns for all health care personnel including full-time, part-time, contract staff and staff under arrangement. The staffing pattern shall be developed at least one week in advance, updated as needed, and kept on file for a period of one year. The staffing pattern shall indicate the following for each working day:

1. Name and position of each staff member.
2. Patients to be visited.
3. Scheduled supervisory visits.
4. Staff on call after office hours. The staffing pattern shall be updated daily by each home health agency in order to reflect actual staff activities on the previous day.

506

Section H - Contract Services for Part-Time, Hourly or Per Visit Personnel-Services by Arrangement

506.1

Contract Services. Services provided to the agency by contract shall be documented by means of a written contract with the individual or organization providing the service. The written contract shall include provisions covering at least the following:

1. Specification of services covered by the agreement or contract;
2. Effective date and length of the contract and terms of reimbursement;
3. Statement that patients will be accepted for care only by the home health agency;
4. Statement that services are to be provided only in accordance with the patient's plan of treatment and that the patient's plan for treatment will not be altered by the contracted individual or agency;

5. Statement that the quality of services provided and the qualifications of personnel who will provide services shall be consistent with the agency's applicable personnel and program policies and procedures;
6. Identification of parties responsible for supervision of personnel covered by the agreement or contract; and
7. Specification for procedures for, and frequency of, exchanging patient care information between parties to the contract and their agents, including submitting clinical notes, progress notes, scheduling of visits, periodic patient evaluation and participating in developing patient care plans.

507

Section I - Staff Development

507.1

Orientation. Upon employment each employee of the home health agency shall receive thorough orientation to his position; the agency's organization, policies and objectives; the functions of other agency health personnel and how they relate to each other in caring for the patient; relationship of the home health agency to other community agencies; standards of ethical practice; confidentiality; and patient's rights.

507.2

Home Health Aide Training Program. Home Health aides, employed by the home health agency shall have previous work experience as a nurses aide or home health aide and/or have completed a special program for home health aides. As a part of the orientation for home health aides, each home health agency employing unqualified home health aides shall develop and implement a training program for newly employed home health aides or require that the aide complete a program outside the agency that meet Medicare requirements regarding duration and subject matter. The aide training program shall be approved by the Department of Health. Each home health aide shall complete the basic training program prior to the provision of services in the home. Faculty for the training program shall consist of: A registered nurse to provide training in personal care services, and, as appropriate, physicians, dietitians, physical therapists, medical social workers, and other health personnel to provide training in the appropriate areas of health care. The following topics shall be included in the home health aide

training program:

1. The role of the home health aide as a member of the health services team;
2. Instruction and supervised practice in personal care services of the sick at home, including personal hygiene and activities of daily living;
3. Principles of good nutrition and nutritional problems of the sick and elderly;
4. Preparation of meals including special diets;
5. Information on the process of aging and behavior of the aged;
6. Information on the emotional problems accompanying illness;
7. Principles and practices of maintaining a clean, healthy and safe environment;
8. What to report to the supervisor, and
9. Record keeping.

507.3

In-Service Training. The home health agency shall provide an on-going in-service education program, which should be directly related to home health care and which shall be designed to improve the level of skills of all staff members involved in direct patient care. Full-time and part-time nurses and home health aides shall participate in a minimum of twelve (12) hours of pertinent continuing education programs per year.

507.4

Documentation of Training. A written record of all orientation, basic training, and in-service education programs shall be maintained. Records shall reflect content of and attendance at all programs, as well as beginning and ending times.

508

Section J - Standards of Ethical Practice

508.1

General. Each home health agency shall maintain the highest level of ethical standards in its business practices. The governing body of each home health agency shall adopt written standards of ethical practice, which shall be strictly adhered to by all employees and owners of the agency. These standards shall be posted in each agency office in order to facilitate review by any interested individual. At a minimum, every home health agency shall include the following items in the agency's standards of ethical practice:

1. Neither the owner nor any home health agency employee shall knowingly mislead a patient, family member or caretaker concerning services, charges, or use of equipment.
2. Neither the owner nor any home health agency employee shall misuse or misappropriate any property-real or personal-belonging to any patient, family member or caretaker.
3. Neither the owner nor any home health agency employee shall knowingly and actively recruit a patient under the care of another home health agency.
4. No employee or patient of a home health agency shall be coerced into participating in agency fund raising activities.
5. The home health agency shall accept patient referrals in a professional manner with no remuneration provided to the referring party.
6. Patient clinical records, administrative records, and financial records shall not be falsified by any individual for any reason.

509

Section K - Patients' Rights

509.1

General. The agency shall maintain written policies and procedures regarding the rights and responsibilities of patients. These written policies and procedures shall be established in consultation with the Professional Advisory Committee. Written policies regarding patients' rights shall be made available to patients and/or their guardian, next of kin, sponsoring agency or agencies, or lawful representative and to the public. There shall be documented evidence that the staff of the agency is trained and involved in the implementation of

these policies and procedures. In-service on patient's rights and responsibilities shall be conducted annually. The patients' rights policies and procedures ensure that each patient admitted to the agency:

1. Is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission, of these rights and of all rules and regulations governing patient conduct and responsibilities;
2. Is fully informed prior to or at the time of admission and during the course of treatment of services available through the agency, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or any other third party.
3. Is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
4. Is transferred or discharged only for medical reasons, or for his welfare, or for non-payment (except as prohibited by Titles XVIII or XIX of the Social Security Act), or on the event of an unsafe environment, or should the patient refuse treatment, and is given advance notice to ensure orderly transfer to discharge, and such actions are documented in his clinical record;
5. May voice grievances and recommend changes in policies and services to agency staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;
6. Is assured confidential treatment of his personal and clinical records, and may approve or refuse their release to any individual outside the agency, except, in case of his transfer to another health care institution or agency or as required by law or third-party payment contract;
7. Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care of his personal needs;
8. No person shall be refused service because of age, race, religious preference, sex, marital status or national origin.

Part VI
Planning for Patient Treatment

600

Section A - Plan of Treatment

600.1

Development of Plan of Treatment. Each home health agency shall establish policies and procedures for assuring that services and items to be provided are specified under a plan of treatment established and regularly reviewed by the physician or podiatrist who is responsible for the care of the patient. Other agency personnel shall have input into the development of the plan of treatment as deemed appropriate by the physician or podiatrist. The original plan of treatment shall be signed by the physician or podiatrist who is responsible for the care of the patient and incorporated in the record maintained by the agency for the patient. The total plan is reviewed by the attending physician or podiatrist, in consultation with agency professional personnel at such intervals as the severity of the patient's illness requires but in any instance, at least once every two (2) months. The registered nurse, and other health professional shall bring to the attention of the physician or podiatrist changes in the patient's condition which indicate the need for altering the treatment plan or for terminating services. No medication, treatment or services shall be given except on signed order of a person lawfully authorized to give such an order.

600.2

Plan of Treatment Content. The plan of treatment shall include:

1. Diagnoses relevant to the provision of home health services;
2. Functional limitations and rehabilitation potential;
3. Prognosis;
4. Services authorized by the physician or podiatrist, including frequency and duration;
5. Medications ordered by the physician or podiatrist to include dosage, route of administration and frequency;
6. Treatment, if applicable, including modality, frequency and

- 1885 duration; drug and food allergies;
1886
1887 7. Activities permitted;
1888
1889 8. Diet;
1890
1891 9. Specific procedures deemed essential for the health and
1892 safety of the patient;
1893
1894 10. The attending physician or podiatrist's signature;
1895
1896 11. Long term goals and discharge plans;
1897
1898 12. Mental status; and
1899
1900 13. Equipment required.
1901

1902 **600.3**

1903
1904 **Periodic Review of the Plan of Treatment.** The professional
1905 person responsible for any specific treatment shall notify the
1906 attending physician or podiatrist, other professional persons,
1907 and responsible agency staff of significant changes in the
1908 patient's condition. The plan shall be reviewed by the agency
1909 care team at least every sixty (60) days and a written summary
1910 report sent to the attending physician or podiatrist containing
1911 home health services provided, the patient status,
1912 recommendations for revision of the plan of treatment, and the
1913 need for continuation or termination of services. The attending
1914 physician or podiatrist shall be consulted to approve additions
1915 or modifications to the original plan. When a patient is
1916 transferred to a hospital and readmitted to the agency, the plan
1917 of treatment shall be reviewed by the physician or podiatrist.
1918 If the diagnosis of the patient has not changed (as documented
1919 in the agency's discharge/transfer summary, the hospital's
1920 discharge summary and reassessment of the patient), a statement
1921 to continue previous orders will suffice. At the end of the
1922 sixty (60) day period, new orders shall be written.
1923

1924 **601**

1926 **Section B - Patient Plan**

1929 **601.1**

1930
1931 **General.** A patient care plan shall be written for each patient
1932 by the registered nurse or other disciplines as needed based
1933 upon an assessment of the patient's significant clinical

findings, resources, and environment. The initial assessment for patients requiring skilled nursing services is to be made by a registered nurse. Assessments by other care team members shall be made on orders of the physician or podiatrist. The patient care plan shall be updated as often as the patient's condition indicates at least every sixty (60) days and shall be maintained as a permanent part of the patient's record.

601.2

Content of Patient Care Plan. The patient care plan shall include:

1. Patient problems;
2. Anticipated goals and time frames;
3. Approaches; and
4. The discipline responsible for a given element of service.

1954 **Part VII**
1955 **Services Provided**
1956

1957 **700**
1958

1959 **Section A**
1960

1961 **700.1**
1962

1963 **General.** Each agency shall provide skilled nursing service and
1964 at least one other home health service on a part-time or
1965 intermittent basis. The skilled nursing service shall be
1966 provided directly by agency staff. Other home health services
1967 may be provided by agency staff directly or provided under
1968 arrangement through a contractual purchase of services. All
1969 services shall be provided in accordance with order of the
1970 patient's physician or podiatrist and under a plan of treatment
1971 established by such physician or podiatrist.
1972

1973 **701**
1974

1975 **Section B - Skilled Nursing**
1976

1977 **701.1**
1978

1979 **General.** Skilled nursing services shall be provided by or under
1980 the supervision of registered nurses currently licensed in the
1981 State of Mississippi.
1982

1983 **701.2**
1984

1985 **Duties of the Registered Nurse.** The duties of the Registered
1986 Nurse shall include, but not be limited to the performance and
1987 documentation of the following:
1988

- 1989 1. Evaluate and regularly reevaluate the nursing needs of the
1990 patient;
1991
- 1992 2. Develop and implement the nursing component of the patient
1993 care plan;
1994
- 1995 3. Provide nursing services, treatments, and diagnostic and
1996 preventive procedures requiring substantial specialized
1997 skill;
1998
- 1999 4. Initiate preventive and rehabilitative nursing procedures
2000 as appropriate for the patient's care and safety;
2001
- 2002 5. Observe and report to the physician or podiatrist when

- 2003 appropriate, signs and symptoms, reaction to treatments and
2004 changes in the patient's physical or emotional condition;
2005
2006 6. Teach, supervise, and counsel the patient and family
2007 members regarding the nursing care needs and other related
2008 problems of the patient at home; check all medications to
2009 identify ineffective drug therapies, adverse reactions,
2010 significant side effects, drug allergies and/or
2011 contraindicated medications. Promptly report any problems
2012 to the physician or podiatrist.
2013
2014 7. Provide supervision and training to other nursing service
2015 personnel;
2016
2017 8. Provide direct supervision of the Licensed Practical Nurse
2018 in the home of each patient seen by the LPN at least once
2019 a month;
2020
2021 9. Make supervisory visits to the patient's residence at least
2022 every other week with the aide alternately present and
2023 absent, to provide direct supervision and to assess
2024 relationships and determine whether goals are being met;
2025 and
2026
2027 10. Ensures that the patient's nursing care and progress is
2028 recorded in the clinical record.
2029

2030 **702**

2031
2032 **Section C - Licensed Practical Nursing Services**

2033
2034 **702.1**

2035
2036 **General.** Licensed Practical Nursing Services shall be provided
2037 by a trained licensed practical nurse working under the
2038 supervision of a registered nurse. The duties of the Licensed
2039 Practical Nurse shall include, but not limited to the following:
2040

- 2041 1. Observe, record and report to supervisor on the general
2042 physical and mental conditions of the patient;
2043
2044 2. Administer prescribed medications and treatments in
2045 accordance with the plan of treatment;
2046
2047 3. Assist the physician or podiatrist and/or registered nurse
2048 in performing specialized procedures;
2049
2050 4. Assist the patient with activities of daily living and
2051 encourage appropriate self-care; and
2052

2053 5. Prepare progress notes and clinical notes.

2054
2055 **703**

2056
2057 **Section D - Student Nurse**

2058
2059 **703.1**

2060
2061 **General.** When an agency elects to participate with an
2062 educational institution to provide clinical community health
2063 nursing experience for students as part of their nursing
2064 curriculum, the student nurse shall perform skilled nursing
2065 functions in the patient's home only under the direct
2066 supervision of a registered nurse.

2067
2068 **703.2**

2069
2070 **Written Agreement.** There shall be a written agreement between
2071 the agency and each educational institution. The agreement
2072 specifies the responsibilities of the agency and the educational
2073 institution. The agreement includes, at minimum the following:

- 2074
2075 1. The agency retains the responsibility for patient care.
2076
2077 2. The educational institution retains the responsibility for
2078 student education.
2079
2080 3. The student and facility performance expectations.
2081
2082 4. Faculty supervision of undergraduate students in the field.
2083
2084 5. Ratio of faculty to students.
2085
2086 6. Confidentiality regarding patient information.
2087
2088 7. Required insurance coverage.
2089
2090 8. Provisions for joint agency/facility student program
2091 evaluation.
2092

2093 **704**

2094
2095 **Section E - Home Health Aide Services**

2096
2097 **704.1**

2098
2099 **General.** When an agency provides or arranges for home health
2100 aide services, the aides shall be assigned because the patient
2101 needs personal care. The services shall be given under a

physician or podiatrist's order and shall be supervised by a registered nurse. When appropriate, supervision may be given by a physical, speech, or occupational therapist.

704.2

Responsibilities of the Home Health Aide. Responsibilities of the home health aide shall include but not be limited to the following:

1. The home health aide shall perform only those personal care activities contained in written assignment by a health professional employee which include assisting the patient with personal hygiene, ambulation, eating, dressing and shaving.
2. The home health aide may perform other activities as taught by a health professional employee for a specific patient. These include, but are not limited to: shampoo, reinforcement of a dressing, assisting with the use of devices for aide to daily living (walker, wheelchair), assisting with prescribed range of motion exercises which the home health aide and the patient have been taught by a health professional employee, doing simple urine tests for sugar, acetone or albumin, measuring and preparing special diets, intake and output.
3. The home health aide shall not be allowed to perform the following and other procedures requiring skilled services: Change sterile dressings, irrigate body cavities such as a colostomy or wound, perform a gastric lavage or gavage, decubitus care, catheterize a patient, administer medications, apply heat by any method, care for a tracheotomy tube, or any personal health service which has not been included by the professional nurse in the aide assignment sheet.
4. The home health aide shall keep records of personal health care activities.
5. The home health aide shall observe appearance and behavioral changes in the patient and report to the professional nurse.
6. The home health aide patient services shall be evaluated by a health professional at least every other week, with the aide alternately present and absent, in the home for those patients receiving skilled services. When only home health aide services are being furnished to a patient, a registered nurse must make a supervisory visit to the

2152 patient's residence at least once every 60 days. This
2153 supervisory visit must occur while the aide is furnishing
2154 patient care.

2155

2156 **705**

2157

2158 **Section F - Physical Therapy Service**

2159

2160 **705.1**

2161

2162 **General.** Physical therapy services shall be given in accordance
2163 with the responsible physician's or podiatrist's written order
2164 by a physical therapist or physical therapy assistant currently
2165 licensed in the State of Mississippi to practice as a physical
2166 therapist or physical therapist assistant. The physician's or
2167 podiatrist's order shall be specific as to modalities to be
2168 utilized and frequency of therapy.

2169

2170 **705.2**

2171

2172 **Duties of the Physical Therapist.** The duties of the physical
2173 therapist shall include, but not be limited to the following:

2174

- 2175 1. Assisting the physician or podiatrist in the functional
2176 evaluation of the patient and development of the individual
2177 plan of treatment;
- 2178 2. Developing and implementing a physical therapy component of
2179 the patient care plan;
- 2180 3. Rendering treatments to relieve pain, develop or restore
2181 function, and maintain maximum performance; directing and
2182 aiding the patient in active and passive exercise, muscle
2183 reeducation, and engaging in functional training activities
2184 in daily living;
- 2185 4. Observing and reporting to the responsible physician or
2186 podiatrist the patient's reactions to treatments and any
2187 changes in the patient's conditions;
- 2188 5. Instructing the patient and family on the patient's total
2189 physical therapy program and in which they may work with
2190 the patient;
- 2191 6. Instructing the patient and family on the patient's total
2192 physical therapy program and in the care and use of
2193 appliances, prosthetic and other orthopedic devices;
- 2194 7. Preparing clinical notes, progress notes, and discharge
2195
2196
2197
2198
2199
2200

- 2201 summaries;
- 2202
- 2203 8. Participating in agency in-service training programs;
- 2204
- 2205 9. Acting as a consultant to other agency personnel;
- 2206
- 2207 10. Developing written policies and procedures for the physical
- 2208 therapy services of the home health agency;
- 2209
- 2210 11. Provide direct, on-site, face to face supervision of
- 2211 physical therapy assistants at least every fifth treatment
- 2212 day or once every 30 days, whichever occurs first, and be
- 2213 accessible by telecommunications to the physical therapy
- 2214 assistant(s) at all times while the physical therapy
- 2215 assistant is treating patients;
- 2216
- 2217 12. Make the initial visit for evaluation of the patient and
- 2218 establishment of a plan of care;
- 2219
- 2220 13. Make a joint visit with the physical therapy assistant when
- 2221 the physical therapy assistant begins providing services to
- 2222 the patient;
- 2223
- 2224 14. Make the final visit to terminate the plan of care; and
- 2225
- 2226 15. Provide supervision for no more than two (2) physical
- 2227 therapy assistants.
- 2228

2229 **705.3**

2230

2231 **Duties of the Physical Therapy Assistant.** The duties of the

2232 physical therapist assistant shall be limited to the following:

2233

- 2234 1. Perform physical therapy procedures and related tasks that
- 2235 have been selected and delegated by the supervising
- 2236 physical therapist with the exception of interpretation of
- 2237 referrals; identification, determination or modification of
- 2238 plans of care (including goals and treatment programs);
- 2239 final discharge assessment/evaluation or establishment of
- 2240 the discharge plan; or establishment of the discharge plan;
- 2241 or therapeutic techniques beyond the skill and knowledge of
- 2242 the physical therapist assistant.
- 2243
- 2244 2. Notify the supervising physical therapist of changes in the
- 2245 patient's status, including all untoward patient responses.
- 2246
- 2247 3. Discontinue immediately any treatment procedures which in
- 2248 their judgement appear to be harmful to the patient.
- 2249
- 2250 4. Preparing clinical notes and progress notes.

2251
2252 5. Participation in staff in-service programs.
2253

2254 **706**

2255
2256 **Section G - Speech Pathology and Audiology Services**
2257

2258 **706.1**
2259

2260 **General.** The speech pathologist shall be currently licensed by
2261 the Mississippi State Department of Health. The audiologist
2262 shall be currently licensed by the Mississippi State Department
2263 of Health. Speech pathology and audiology services shall be
2264 given in accordance with the responsible physician's written
2265 order by a licensed speech pathologist or a licensed
2266 audiologist. The frequency of service shall be specified in the
2267 physician's order.
2268

2269 **706.2**
2270
2271

2272 **Duties of the Speech Pathologist and/or Audiologist.** The duties
2273 of the speech pathologist and/or audiologist shall include, but
2274 not be limited to:
2275

- 2276 1. Assisting the physician in the evaluation of the patient
2277 with speech, hearing, or language disorders; and
2278 development of the individual plan of treatment;
2279
- 2280 2. Developing and implementing a Speech Pathology and/or
2281 Audiology Component of the patient care plan;
2282
- 2283 3. Providing rehabilitative services for speech, hearing, and
2284 language disorders;
2285
- 2286 4. Observing and reporting to the responsible physician the
2287 patient's reaction to treatment and any changes in the
2288 patient's condition.
2289
- 2290 5. Instructing other agency personnel, the patient and family
2291 members in methods to improve and correct speech, hearing,
2292 and language disabilities;
2293
- 2294 6. Preparing clinical notes, progress notes, and discharge
2295 summaries;
2296
- 2297 7. Participating in agency in-service training programs;
2298
- 2299 8. Acting as a consultant to other agency personnel; and

- 2300
2301 9. Developing written policies and procedures for the Speech
2302 Pathology/Audiology Services of the Home Health Agency.
2303

2304 **707**
2305

2306 **Section H - Occupational Therapy Services**
2307

2308 **707.1**
2309

2310 **General.** When an agency provides or arranges for occupational
2311 therapy, services shall be given in accordance with a
2312 physician's or podiatrist's written order by a licensed
2313 occupational therapist or a licensed occupational therapy
2314 assistant under the supervision of a licensed occupational
2315 therapist.
2316

2317 **707.2**
2318

2319 **Duties of the Occupational Therapist.** Duties of the
2320 occupational therapist shall include, but not be limited to, the
2321 following:
2322

- 2323 1. Assisting the physician or podiatrist in the evaluation of
2324 patients by applying diagnostic and prognostic tests and by
2325 reporting the findings in terms of problems and abilities
2326 of the patient; identifying patients' therapy needs and
2327 development of the individual plan of treatment;
2328
2329 2. Developing and implementing an occupational therapy
2330 component of the patient care plan.
2331
2332 3. Treating patients for the purpose of attaining maximum
2333 functional performance through use of such procedures as:
2334 a. Task orientation therapeutic activities;
2335 b. Activities of daily living;
2336 c. Perceptual motor training and sensory integrative
2337 treatment;
2338 d. Orthotics and splinting;
2339 e. Use of adaptive equipment;
2340 f. Prosthetic training;
2341 g. Homemaking training.
2342
2343 4. Observing, recording and reporting to the physician or
2344 podiatrist and agency personnel the patient's reaction to
2345 treatment and any changes in the patient's condition;
2346
2347 5. Counseling with regard to levels of functional performance
2348 and the availability of community resources;

- 2349
2350 6. Instructing other health team personnel, patients, and
2351 family members;
2352
2353 7. Preparing clinical notes, progress notes, and discharge
2354 summaries;
2355
2356 8. Participating in staff in-service educational programs;
2357
2358 9. Developing written policies and procedures for the
2359 occupational therapy services of the home health agency;
2360
2361 10. Acting as a consultant to other agency personnel; and
2362
2363 11. Make supervisory visits to the patient's residence with the
2364 Occupational Therapy Assistant at least once every three
2365 (3) weeks or every five (5) to seven (7) treatment sessions
2366 to provide direct supervision and to assess the adherence
2367 to the plan of treatment and progress toward established
2368 goals.
2369
2370 12. Review and countersign all written documentation performed
2371 by the Occupational Therapy Assistant.
2372
2373 13. Conduct all initial assessments and establish the goals and
2374 plans of treatment before the treatments are provided to
2375 the patient by an Occupational Therapy Assistant.
2376
2377 14. Prepare discharge summaries, interim assessments, and
2378 initiate any changes in the plan of care for patients
2379 treated by Occupational Therapy Assistants.
2380

2381 707.3

2382
2383 **Duties of the Occupational Therapy Assistant.** The
2384 responsibilities of the therapy assistant shall be limited to
2385 the following:
2386

- 2387 1. Treating patients for the purpose of attaining maximum
2388 functional performance through the use of procedures as:
2389 a. Task oriented therapeutic activities;
2390 b. Activities of daily living;
2391 c. Perceptual motor training and sensory integrative
2392 treatment;
2393 d. Orthotics and splinting;
2394 e. Use of adaptive equipment;
2395 f. Prosthetic training;
2396 g. Homemaking training;
2397 h. Patient and family member education.
2398

2. Observing, recording and reporting to the Supervising Therapist, any reaction to treatment and any changes in the patient's condition.
3. Preparation of clinical or treatment notes.
4. Participation in staff education programs.

708

Section I - Medical Social Services

708.1

General. Medical social services shall be provided by a social worker who has a masters degree from a school of social work accredited by the Council on Social Work Education and is licensed as such by the State of Mississippi and has one year of social work experience in a health care setting or by a licensed social worker who has a bachelor's degree from a school of social work accredited by the Council of Social Work Education or Southern Association of Colleges and Schools and has one year of social work experience in a health care setting and who is supervised by a licensed social worker with a masters degree. Medical social services shall be given in accordance with the responsible physician or podiatrist's written order by a medical social worker. Master's degree social worker shall review and evaluate the performance of the bachelor's degree social worker on a monthly basis.

708.2

Duties of the Medical Social Worker. The duties of the medical social worker include, but are not limited to the following:

1. Assisting the responsible physician or podiatrist and other members of the agency team in understanding the significant social and emotional factors related to patient health problems;
2. Assessing the social and emotional factors in order to estimate the patient's capacity and potential to cope with problems of daily living; and assisting in the development of an individual plan of treatment;
3. Developing and implementing a social work component of the patient care plan;
4. Helping the patient and his/her family to understand,

- 2448 accept, and follow medical recommendations and provide
2449 services planned to restore the patient to optimum social
2450 and health adjustment within his/her capacity;
2451
- 2452 5. Assisting patients and their families with personal and
2453 environmental difficulties which predispose towards illness
2454 or interfere with obtaining maximum benefits from medical
2455 care;
2456
- 2457 6. Utilizing resources such as family and community agencies
2458 to assist the patient in resuming life in the community or
2459 to learn to live with his/her disability;
2460
- 2461 7. Preparing clinical notes, progress notes, and discharge
2462 summaries;
2463
- 2464 8. Participating in agency in-service training programs;
2465
- 2466 9. Acting as a consultant to other agency personnel;
2467
- 2468 10. Development of written policies and procedures for medical
2469 social services of the home health agency; and
2470
- 2471 11. Review and evaluate the work of a bachelor's degree
2472 licensed social worker on a monthly basis.
2473

2474 **709**

2476 **Section J - Nutritional Services**

2478 **709.1**

2480 **General.** Nutrition is recognized as an important component of
2481 the total health status of all persons. Because state and
2482 community health agencies are concerned with the total health
2483 care of all, nutrition services must be considered a vital
2484 element in all home health agencies' programs. When a home
2485 health agency elects to provide nutrition services, these
2486 services shall include an evaluation of the nutritional status
2487 of the patient, the results of which shall be included in the
2488 patient care plan. Nutritional services shall be provided by or
2489 under the supervision of a registered dietitian.
2490

2491 **709.2**

2493 **Duties of the Dietitian.** The responsibilities of the Dietitian
2494 shall include but not be limited to, the following:
2495

- 2496 1. Assisting the physician or podiatrist in the evaluation of

- 2497 the patient's nutritional status and development of the
2498 individual plan of treatment;
2499
2500 2. Developing and implementing a nutritional component of the
2501 patient care plan;
2502
2503 3. Selecting, preparing and evaluating teaching materials and
2504 aids for patient counseling and education and furnishing
2505 direct nutritional counseling services to the patient;
2506
2507 4. Observing and reporting to the physician or podiatrist the
2508 patient's reaction and adherence to the diet and change in
2509 the patient's nutritional status;
2510
2511 5. Preparing clinical notes, progress, and discharge
2512 summaries;
2513
2514 6. Participating in agency in-service training programs;
2515
2516 7. Acting as a consultant to other agency personnel; and
2517
2518 8. Developing written policies and procedures for the
2519 nutritional services of the home health agency.
2520

2521 **710**

2522

2523 **Section K - Respiratory Therapy Services**

2524

2525 **710.1**

2526

2527 **General.** Respiratory care services shall be provided only by a
2528 registered respiratory therapist or a certified respiratory
2529 therapy technician upon the written order of a physician. The
2530 physician's order shall specify the modality to be utilized and
2531 the frequency of services.

2532

2533 **710.2**

2534

2535 **Duties of the Respiratory Therapist or Technician.** The duties
2536 of the registered respiratory therapist or certified respiratory
2537 therapy technician shall include, but not be limited to, the
2538 following:

2539

- 2540 1. Assisting the physician in the evaluation of patients;
2541 respiratory disorders, and development of individual plan
2542 of treatment;
2543
2544 2. Developing and implementing a respiratory therapy component
2545 of the patient care plan;

3. Providing rehabilitative services for respiratory disorders;
4. Observing and reporting to the responsible physician the patient's reaction to treatment and any changes in the patient's condition; and
5. Instructing other agency personnel, the patient, and family member in methods to improve and correct respiratory disabilities;
6. Preparing clinical notes, progress notes, and discharge summaries;
7. Participating in agency in-service training programs;
8. Acting as a consultant to other agency personnel; and
9. Developing written policies and procedures for the respiratory therapy services of the home health agency.

711

Section L - Outpatient Services in Long Term Care Facilities

711.1

General. Any services provided by a home health agency on an outpatient basis to long term care facilities shall be provided under the terms of a written agreement signed by representatives of the home health agency and the long term care facility. The agreement shall contain: responsibilities of both parties, functions, objectives and terms of the agreement, including financial agreements and charges. The services shall be provided in accordance with all applicable laws, rules, and regulations. Clinical records for patients receiving the service shall be maintained with the original clinical record on file in the home health agency office and a copy provided the long term care facility.

712

Section M - Appliance and Equipment Service

712.1

General. Appliance and equipment services may be provided to patients by the home health agency only upon the written order

2595 of a physician or podiatrist. A home health agency may elect to
2596 provide the service directly or indirectly through a supplier.
2597 Policies and procedures shall be developed for the appliance and
2598 equipment services. All appliances and equipment provided for
2599 patients shall be maintained in good condition.

Part VIII
Clinical Records

800

Section A - General

800.1

General. Clinical records shall be under the direction of a designated person with adequate staff and facilities to perform required functions. The agency shall maintain a medical record for each patient covering those services provided directly by the agency and those provided by another agency or individual. Symbols or abbreviations used in the clinical records shall be approved by the staff and a current copy of abbreviations shall be maintained in the agency office. Clinical records shall be readily accessible at all times.

801

Section B - Clinical Record

801.1

Clinical Record Content. A clinical record shall be established and maintained for every person admitted to home health services. The original or signed copy of clinical reports shall be filed in the clinical record. Clinical records shall contain:

1. Appropriate identifying information for the patient, household members and caretakers, pertinent diagnoses, medical history, and current findings;
2. A plan of treatment;
3. Initial and periodic patient assessments by the professional discipline responsible performed in the home;
4. Patient care plan;
5. Clinical notes signed and dated by all disciplines rendering service to the patient for each contact, written the day of service and incorporated into the patient's clinical record at least weekly;
6. Reports of case conferences including staff contacts with physicians or podiatrists and other members of the health

care pertaining to the patients. Case conferences shall be conducted and documented at least every sixty (60) days or more often as required by the patient's condition;

7. Written summary reports to the physician or podiatrist every sixty (60) days;
8. Progress notes written at least every sixty (60) days or more frequently as warranted by the patient's conditions;
9. Documentation of supervisory visits by a registered nurse or other applicable supervisory personnel;
10. A discharge summary;
11. A copy of the patient transfer information sheet if patient is admitted to another health care facility;
12. Home health aide written instructions;
13. Verbal orders shall be taken only by registered nurses or health care professionals, and immediately recorded in the patient's clinical record with the date. These orders shall be countersigned by the physician or podiatrist; and
14. Duplicate copies of all laboratory results as reported by the referral laboratory.

802

Section C - Confidentiality

802.1

Patient Confidentiality. The agency shall insure confidentiality of patient information in accordance with written policies and procedures. Records shall be stored in a locked area and only authorized personnel shall have access to the records. Clinical records are the property of the home health agency and may be released only with the written consent of the patient, the legal guardian, or in accordance with the law.

803

Section D - Retention of Records

803.1

Clinical Records. Clinical records shall be preserved for a period of not less than five (5) years following discharge. These records may be reproduced on film (microfilmed) or other form of medium acceptable to the licensing agency and, after the discharge of the patient involved, retire the original record so reproduced. If a facility ceases operation, arrangements shall be made for the preservation of records to ensure compliance with these regulations. The licensing agency shall be notified, in writing, concerning the arrangements.

804

Section E - Authorship

804.1

Authorship. Entries in the record shall be dated and signed by the person making the entry.

2716 **Part IX**
2717 **Evaluation**

2718
2719 **900**

2720
2721 **Section A - General**

2722
2723 **900.1**

2724
2725 **General.** The home health agency shall have written policies
2726 requiring an overall evaluation of the agency's total program at
2727 least once a year. This evaluation shall be made by the
2728 Professional Advisory Group (or a committee of this group), home
2729 health agency staff, and consumers, or representation from
2730 professional disciplines outside the agency working in
2731 conjunction with consumers. The evaluation consists of an
2732 overall policy and administrative review and a clinical record
2733 review. The evaluation shall assess the extent to which the
2734 agency's program is appropriate, adequate, effective and
2735 efficient. Results of the evaluation shall be reported to and
2736 acted upon by those responsible for the operation of the agency
2737 and maintained separately as administrative records. The
2738 objectives of the evaluation shall be:

- 2739
2740 1. To assist the Home Health Agency in using its personnel and
2741 facilities to meet individual and community needs;
2742
2743 2. To identify and correct deficiencies which undermine
2744 quality care and lead to waste of facility and personnel
2745 resources;
2746
2747 3. To help the home health agency make critical judgements
2748 regarding the quality and quantity of its services through
2749 self-examination;
2750
2751 4. To provide opportunities to evaluate the effectiveness of
2752 agency policies and when necessary make recommendations to
2753 the administration of what controls or changes are needed
2754 to assure high standards of patient care; and
2755
2756 5. To augment in-service staff education.

2757
2758 **901**

2759
2760 **Section B - Policy and Administrative Review**

2761
2762
2763 **901.1**
2764

Evaluation Process. As a part of the evaluation process, the policies and administrative practices of the agency are reviewed to determine the extent to which they promote appropriate, adequate, effective and efficient patient care. Mechanisms are established in writing for the collection of pertinent data to assist in evaluation. The data to be considered may include but are not limited to: number of patients receiving each service offered, number of patient visits, reasons for discharge, breakdown by diagnosis, sources of referral, number of patients not accepted with reasons, and total staff days for each service offered.

902

Section C - Clinical Record Review

902.1

Clinical Records. In addition to the annual clinical record review by the in-house staff members on the Professional Advisory Committee, members of professional disciplines representing at least the scope of the agency's programs shall at least quarterly review a sample of both active and closed clinical records to assure that established policies are followed in providing services (direct as well as those under arrangement). The clinical records of at least 10% of the total patient census are to be reviewed; however, at not time shall the review consist of less than ten (10) or more than fifty (50) records. The records reviewed shall be representative of the services rendered and include records of patients served by branch offices, if applicable. This review shall include, but not be limited to the following:

1. If the patient care plan was directly related to the stated diagnosis and plan of treatment;
2. If the frequency of visits was consistent with plan of treatment;
3. If the services could have been provided in a shorter span of time.

902.2

Continuing Review. There shall be a continuing review of clinical records for each sixty (60) day period that a patient received home health services to determine adequacy of the plan of treatment and appropriateness of continuation of care.

2813 **Part X**
2814 **Conclusion**

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2816
2817 **1000**

2818
2819 **Section A - General**

2820
2821 **1000.1**

2822
2823 **Conclusion.** Conditions which have not been covered in the
2824 Standards shall be enforced in accordance with the best
2825 practices as interpreted by the Licensing Agency. The Licensing
2826 Agency reserves the right to:

- 2827
2828 1. Review the payroll records of each home health agency for
2829 the purpose of verifying staffing patterns;
2830
2831 2. Visit home health patients in their place of residence in
2832 order to evaluate the quality of care provided;
2833
2834 3. Grant variances as it deems necessary for agencies existing
2835 prior to July 1, 1981;
2836
2837 4. Information obtained by the licensing agency through filed
2838 reports, inspection, or as otherwise authorized, shall not
2839 be disclosed publicly in such manner as to identify
2840 individuals or institutions, except in proceedings
2841 involving the questions of Licensure; and
2842
2843 5. The Licensing Agency shall reserve the right to review any
2844 and all records and reports of any home health agency, as
2845 deemed necessary to determine compliance with these Minimum
2846 Standards of Operation.